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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
160246	THE BARRY WALSH AND FRIENDS FOUNDATION
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: IRS APPROVED TAX EXEMPT 501C3 NON-PROFIT ORGANIZATION THAT RAISES FUNDS FOR LOCAL NEWPORT COUNTY 501C3 ORGANIZATIONS

5. Principal office address	City	State	Zip
54 DIXON ST. APT. B	NEWPORT	RI	02840

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: ROBERT WALSH			Vice-President Name: JEFFERY MARLOWE		
Street Address: 54 DIXON ST. APT B			Street Address: 113 MEMORIAL BOULEVARD WEST		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840
Secretary Name: MAUREEN ZIEGLER			Treasurer Name: VICTORY WALSH		
Street Address: 32 PRESCOTT HALL RD			Street Address: 54 DIXON STREET APT. B		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: DONNA PRESCOTT			Director Name: ROBERT WALSH		
Street Address: 424 WOLCOTT AVE			Street Address: 54 DIXON ST APT.B		
City: MIDDLETOWN	State: RI	Zip: 02842	City: NEWPORT	State: RI	Zip: 02840
Director Name: MAUREEN ZIEGLER			Director Name: DAN PRESCOTT		
Street Address: 32 PRESCOTT HALL RD			Street Address: 424 WOLCOTT AVE		
City: NEWPORT	State: RI	Zip: 02840	City: MIDDLETOWN	State: RI	Zip: 02840

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 02 2014
BY 1034

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer or Authorized Representative — Date: 5/31/14

ROBERT WALSH
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
107155-5-958318